BEST AVAILABLE COPY

	,	מיתי דו דו	משרו ש זכ	ENTINENT	TI OT AT	M		SERIAL	N9.	//\ 3	₹	FILING	DATE		
	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								NT(S)	, /0~	2 1				
		(FOR U	JSE WITH	FORM P	10-875)		CLAII	MC		·			<u> </u>		
:	AS	AS FILED		AFTER 1st AMENDMENT		ARTED		VIS.	•		• .				
	INP.	DEP.		DEP.	IND.	DEP.	1	-	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							1	51		, Dai.	1	1.00.	1	DEP.	
2	4	 				. -] .	52		·			~	1	
3	┨╌╂.	 	+	 	<u> </u>]	53							
5	+			 			4	54			<u> </u>	<u> </u>		<u> </u>	
6	+-	+	 	 	 	<u> </u>	ŀ	55		<u> </u>	<u> </u>	<u> </u>	<u> </u>	—	
7	†		1		 -	 	ł	56	-	 	 	 	 	 	
8.							1	58		 	 	<u> </u>	 	+	
9] .	59			 	 		1.	
10	-	-	-	<u> </u>		* * :]	60							
11 12	+		+	-				61							
13	†	 	+			- :		62	 		1	<u> </u>	· · ·	 	
14		†	1				1	68 64			 	 	ļ	 	
15						- : - :	1	65			 	1-	-	1-	
16								66			<u> </u>	 	 	 	
17	 	 	1					67					- :	 	
18 19	╂	+	 					68							
20	 	+	+	 -	·			69							
21			 					70			<u> </u>	<u> </u>			
22						· ·	,	71 72		-,				<u> </u>	
23	<u> </u>						•	78					-		
24	├	 						74					·	 	
26	-	-			<u> </u>			75						· ·	
27	 	-					- 1	76							
28	!						. 1	77					·		
29					- 3		}	78						:	
- 30								80	- 						
81							Ì	81							
32 33		-	1-1				. [82							
34	<u> </u>						- 1	83							
35		 					·	84							
36							ŀ	85	· 				- 1		
37				- 			·	86						<u>-</u>	
38							ŀ	88							
39 40		<u> -</u>						89							
41		-	 					90							
42	-			- 0				91					. 1		
43		<u> </u>		 [-	92	-						
44					 		`.	98			\longrightarrow			٠.	
45	1						H	95			-+				
46							-	96							
47 48				-1				97		_ +		\dashv			
49		<u> </u>	 	 -				98							
50							-	99	$-\Box$						
OTAL	3					-	Ļ	100 TOTAL			<u> </u>				
OTAL		البا	-	╻┪┞	_لــــ	. ↓ │		ND.		1.		1 [
EP. OTAL LAIME	3		-	120			L	TOTAL DEP.	_			٦, ١	5	ן די	
	(3-78)		<u> </u>	MAY BE U				EXTAL.							